

# ● PRINTER RUSH ●

(PTO ASSISTANCE)

Application : 10/127,365

Examiner : Kreck

GAU : 3673

From: DP

Location: IDC FMF FDC

Date: 11/14/05

Tracking #: EPM 10/127,365 Week Date: 8/11/2005

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>6/13/2005</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: ① Renumbered claim 2 (Original claim 3) depends on Renumbered claim 3 (Original 4).  
② Renumbered claim 4 (Original claim 4) depends on cancelled original claim 2.

*Thank you.*

[XRUSH] RESPONSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INITIALS: \_\_\_\_\_

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04